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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OCT 18 2002

In re Application of: Burrows et al.

Art Unit: 1644

TECH CENTER 1600/2900

Application No. 09/847,172

Filed: May 1, 2001

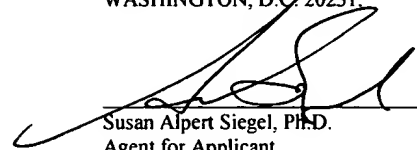
For: RECOMBINANT MHC MOLECULES USEFUL  
FOR MANIPULATION OF ANTIGEN-  
SPECIFIC T-CELLS

Examiner: Amy M. DeCloux

Date: October 10, 2002

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service on October 10, 2002 as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231.

  
Susan Alpert Siegel, Ph.D.  
Agent for Applicant

COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

**AMENDMENT TO THE SPECIFICATION**

This amendment is submitted to comply with the requirements of 35 U.S.C. § 202.  
Please amend the application as follows:

**In the specification:**

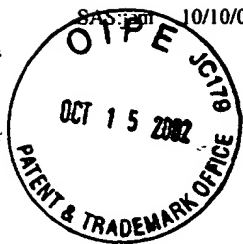
On page 1, line 3, following the title, please insert the following paragraph:

**STATEMENT OF GOVERNMENT SUPPORT**

91 This invention was made with United States government support pursuant to grants from the National Institutes of Health; the United States government has certain rights in the invention.

**REMARKS**

This amendment is made solely to comply with the requirements of 35 U.S.C. § 202.



10/10/02 899-58137 \*146374

PATENT

Attorney Reference Number 899-58137

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Susan Alpert Siegel, Ph.D.  
Agent for ApplicantTRANSMITTAL LETTERCOMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

Enclosed is an Amendment for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED					
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	25	- 58*	= 0	\$9.00	\$ 0.00
Indep. Claims	2	- 10**	= 0	\$42.00	\$ 0.00
Mult. Dep. Claims Fee (if not previously paid)				\$140.00	
One-month Extension of Time				\$55.00	
Two-month Extension of Time				\$200.00	
Three-month Extension of Time				\$460.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

\* greater of twenty or number for which fee has been paid.

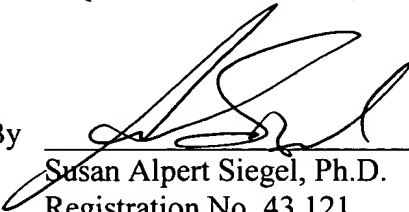
\*\* greater of three or number for which fee has been paid.

- ☒ No additional fee is required.
- ☒ Please charge any fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.

- ☒ A Marked-up Version of Amended Specification Pursuant to 37 C.F.R. §§ 1.121(b)-(c) is attached.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By   
Susan Alpert Siegel, Ph.D.  
Registration No. 43,121

One World Trade Center, Suite 1600  
121 S.W. Salmon Street  
Portland, Oregon 97204  
Telephone: (503) 226-7391  
Facsimile: (503) 228-9446

cc: Docketing